

Test Report Form

Adult Corrections Officer Physical Tasks Testing

[illegible]

INDIVIDUAL PLAN

Name:	Date:
WARM-UP/FLEXIBILITY Describe your warm-up.	<hr/> <hr/> <hr/> <div>Sit and Reach Score: _____ Inches - Norm percentile = ____%</div>
CARDIOVASCULAR ACTIVITY Describe your aerobic activity including intensity, duration, frequency, type.	<hr/> <hr/> <hr/> <div>1.5 Mile Run Score: _____ Min. _____ Sec. - Norm percentile ____%</div> <div>1 Mile Walk Score: _____ Min. _____ Sec. – Rating = _____</div>
DYNAMIC STRENGTH ACTIVITY Describe your muscular fitness activity including frequency, sets and reps.	<hr/> <hr/> <hr/> <div>No. Sit-ups: _____ - Norm percentile = ____%</div> <div>No. Push-ups: _____ - Norm percentile = ____%</div>
COOL-DOWN/FLEXIBILITY Describe your cool-down	<hr/> <hr/> <hr/>

DAILY EXERCISE LOG

	RESTING HR BPM	FLEXIBILITY TIME	CARDIOVASCULAR TIME	STRENGTH TIME	EXERCISE HR BPM
MONDAY <hr/> DATE					
TUESDAY <hr/> DATE					
WEDNESDAY <hr/> DATE					
THURSDAY <hr/> DATE					
FRIDAY <hr/> DATE					
SATURDAY <hr/> DATE					
SUNDAY <hr/> DATE					

Note: Make copies of this form to keep a record of your exercise program. Studies indicate that maintaining an activity diary can assist you in continuing with your exercise program.